MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 2

This cover page must be completed by the report prepare	r.
Joint reports require only one cover page.	

SPI	DES	ID						
N	Y	R	2	0	А	2	2	1

Α

Α

Α

Α

Α

Α

Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Na	ne c	+ N/	S4																	
Т	0	W	n	0	f	S	u	1	1	i	v	a	n							

OR

○ This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Nar	ne c	of S1	ngle	e En	ıtıty													

OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Nan	ne c	of Co	oali	tion															
ш																			
																			.
CDD	TC	ID					C	חח	DC I	Ъ				CDI)EC	TD			

SPI	DES	ID						SF	DE	ES	ID		•		·		SPI	DES	ID			
N	Y	R	2	0	А			N	1 7	Y	R	2	0	А			N	Y	R	2	0	
SPI	DES	ID						SF	PDE	ES	ID						SPI	DES	ID			
N	Y	R	2	0	А			N	1 7	Y	R	2	0	А			N	Y	R	2	0	
SPI	DES	ID						SF	PDE	ES	ID						SPI	DES	ID			
N	Y	R	2	0	A			N	1 7	Y	R	2	0	А			N	Y	R	2	0	
SPI	DES	ID						SF	PDE	ES	ID						SPI	DES	ID			
N	Y	R	2	0	A			N	1 7	Y	R	2	0	А			N	Y	R	2	0	
SPI	DES	ID					•	SI	PDE	ES	ID						SPI	DES	ID			
N	Y	R	2	0	А			N	1 7	Y	R	2	0	А			N	Y	R	2	0	
SPI	DES	ID						SI	PDE	ES	ID						SPI	DES	ID			
N	Y	R	2	0	A			N	1 7	Y	R	2	0	А			N	Y	R	2	0	

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 2

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y
SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
N
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N
N
SPDES ID SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
N
SPDES ID SPDES ID SPDES ID N Y R 2 0 A N
N Y R 2 0 A N Y R 2 0 A
SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A N Y R 2 0 0 A N Y R 2 0 0 A
SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A N Y R 2 0 0 A N Y R 2 0 0 A
SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A N Y R 2 0 A SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A
SPDES ID SPDES ID SPDES ID
N Y R 2 0 A N Y R 2 0 A N Y R 2 0 A

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

		SPL)ES	Ш						
Name of MS4	Town of Sullivan	N	Y	R	2	0	А	2	2	1

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Jo	oınt	Rep	ort,	ent	er c	oalı	tıon	nar	ne:										
																			$\overline{}$
																			=
																			i l
																			i l

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

	SPI	DES	ID.						
Name of MS4 Town of Sullivan	N	Y	R	2	0	А	2	2	1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	st Na	ıme														MI		Las	t Na	ame										
J	0	h	n															В	е	С	k	е	r							
Titl	e																													
Т	0	W	n		S	u	р	е	r	V	i	S	0	r																
Ado	lres	S																												
7	5	0	7		L	a	k	е	р	0	r	t		R	0	a	d													
City	У																			S	tate		Zip)						
City	h	i	t	t	е	n	a	n	g	0												Y	Zip 1	3	0	3	7	_		
_	h	i	t	t	е	n	a	n	g	0															0	3	7	_		
С	h	i	t	t	е	n	a @	n	g	0 W	n	0	f	S	u	1	1	i	V						0 m	3	7] -		
C eM	h ail b					<u> </u>					n	0	f	S	u	1		i Cou		a	1 7	Y	1	3		3	7] -		

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

	SPL)ES	ID						
Name of MS4 Town of Sullivan	N	Y	R	2	0	А	2	2	1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	st Na	ame	;													ΜI		Las	t Na	ame	;										
L	a	r	r	У														В	a	1	1										
Titl	e																														
В	u	i	1	d	i	n	g		А	d	m	i	n	i	s	t	r	a	t	0	r										
Ado	lres	S																													
7	5	0	7		L	a	k	е	р	0	r	t		R	0	a	d														
			•	•		•		•				•					•				•		•							•	
City	y																			S	tate	:	Zip)							
City	h h	i	t	t	е	n	a	n	g	0											-	Y	Zip 1	3	0	3	7	_			
С	h	i	t	t	е	n	а	n	g	0											-				0	3	7	_			
	h	i	t	t	e @	n	a	n	g	0	f	S	u	1	1	i	v	a	n		-				0	3	7] -			
C eMa	h ail b		l								f	S	u	1	1	i		a Cou			N .	Y	1		0	3	7] -			

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

		SPI	DES	ID						
Name of MS4	Town of Sullivan	N	Y	R	2	0	А	2	2	1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	st Na	ame													_	MI		Las	t Na	ıme											_	
D	a	V	i	d												R		Н	а	n	n	У										
Titl	e																															
S	е	n	i	0	r		А	S	s	0	U	i	а	t	е																	
Ado	lres	s																		·												
4	4	3		E	1	е	С	t	r	0	n	i	С	s		Р	a	r	k	W	a	У										
		•		•				•		•	•		•	•	•	•											•		•	•	•	
Cit	У																			S	tate		Zip)				_				
Cit	j	V	е	r	р	0	0	1														Y	Zip	3	0	8	8] -				
	i	V	е	r	р	0	0	1															$\overline{}$	$\overline{}$	0	8	8	_				
L	i	v	e n	r	р	0	0 b	1 a	r	t	0	n	a	n	d	1	0	g	u				$\overline{}$	$\overline{}$	0	8 C	8	_ m				
L eM	i ail h			<u> </u>					r	t	0	n	a	n	d	1		g Cou		i	N :	Y	1	3								

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

Name of	M	S4	Tow	n of S	Sulliv	van																N	Y	R	2	0	А	2	2	1
Section	n 3	- I	Par	tn	er	Inf	for	ma	atio	on																				
Did your period?	MS	4 w	ork	wi	th p	artı	ners	/co	alit	ion	to c	om	ple	te s	ome	e or	all	per	mit	rec	quir	eme	ents	s du	ring			_		g No
If Yes, c Subn accep coali	If Yes, complete information below. Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.																													
	Partner/CoalitionName C N Y S t o r m w a t e r C o a l i t i o n															\neg														
Partner/Coalition Name C N Y S t o r m w a t e r C o a l i t i o n															1-1-															
Partner/Co	Partner/CoalitionName C N Y S t o r m w a t e r C o a l i t i o n															ble														
Address																														
1 2 6		N			S	а	1	i	n	а		S	t	r	е	е	t			S	u	i	t	е		2	0	0		
City																		St	ate	_	Zip					1				_
Syr	a	С	u	S	е													N	1 Y		1	3	2	0	2	-	1	0	6	5
eMail																														_
B e r	t	u	С	h	@	С	n	У	r	р	d	b	•	0	r	g														
Phone (3 1	5)	4	2	2] _	8	2	7	6									y Bi P-0-							_	dan Ye		0	No
What tas	sks/1	resp	on	sib	iliti	ies	are	sha	arec	l w	ith	this	s pa	ırtn	er (e.g	j. N	IM:	l So	cho	ol l	Pro	gra	ms	or	Mι	ıltip	ole '	Tas	ks)?
• MM1	М	u	1	t	i	р	1	е		Т	a	s	k	S																
• MM2	С	0	m	m	u	n	i	t	У		Н	0	t	1	i	n	е													
○ ММ3																														
O MM4																														
○ ММ5																														
○ ММ6																														
Addition	nal t	ask	s/r	esp	ons	ibi]	litie	es																						

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

Public education program includes an enhanced focus on the sources, impacts, and strategies for addressing phosphorus in the Onondaga Lake watershed and pathogens in the Lower Seneca River

MCC form for period ending March 9, 2 0 2 2

2		SPI	DES	ID		21000				
Name of MS4 Town	of Sullivan	N	Y	R	2	0	A	2	2	1

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last	l Na	me							
J o h n		В	е	С	k	е	r				
Title (Clearly print title of individual signing report)											
Town Supervisor											
Signature							Date 0 5	120	/ / 3	و د د	22

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of N	IS4/Coa	alitio	on To	own	of Si	ulliva	an														SPE N	Y Y	ID R	2	0	А	2	2	1
									<u>7</u>	<u>Va</u>	<u>ter</u>	· Q	<u>ua</u>	lity	<u>y T</u>	<u>re</u>	nd	<u>s</u>											
The infor	behalf of an individual MS4																												
On bel	In behalf of an individual MS4 In behalf of a coalition How many MS4s are contributed to this report? Has this MS4/Coalition produced any reports documenting water related to stormwater? If not, answer No and proceed to Minimu																												
relat One	. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Mea															eas	ure Ye		•	No									
	Has this MS4/Coalition produced any reports documenting water related to stormwater? If not, answer No and proceed to Minimus One. Tes, choose one of the following eport(s) attached to the annual report Web Page(s) where report(s) is/are provided below																												
-	Has this MS4/Coalition produced any reports documenting wate related to stormwater? If not, answer No and proceed to Minimu One. Tes, choose one of the following eport(s) attached to the annual report Web Page(s) where report(s) is/are provided below																												
	Has this MS4/Coalition produced any reports documenting waterelated to stormwater? If not, answer No and proceed to Minimu One. Tes, choose one of the following eport(s) attached to the annual report Web Page(s) where report(s) is/are provided below															acc	ess	ed	- n	ot h	ıon	ie p	age	€.					
	Has this MS4/Coalition produced any reports documenting wate related to stormwater? If not, answer No and proceed to Minimu One. Yes, choose one of the following Report(s) attached to the annual report Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be a																												
	Has this MS4/Coalition produced any reports documenting waterelated to stormwater? If not, answer No and proceed to Minimu One. Yes, choose one of the following Report(s) attached to the annual report Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be a																												
	Has this MS4/Coalition produced any reports documenting water related to stormwater? If not, answer No and proceed to Minimu One. Tes, choose one of the following attached to the annual report. Web Page(s) where report(s) is/are provided below. Please provide specific address of page where report(s) can be a																								$\overline{\Box}$				
	URL																												
	URL																												
	URL																									Ш			
		\Box																											

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPI	DES	ID						
Name of MS4/Coalition	Town of Sullivan/CNY Stormwater Coalition	N	Y	R	2	0	А	2	2	1

Minimum Control Measure 1. Public Ed	lucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	3 0
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach	during this reporting period:
Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	● Pet Waste Management
 Household Hazardous Waste Disposal 	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
○ Smart Growth	 Vehicle Washing
○ Storm Drain Marking	O Water Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
ResidentialDevelopers	
BusinessesGeneral Public	
○ Restaurants ○ Industries	
○ Other: ○ Agricultural	

Name of MS4/Coalition Town of Sullivan/CNY Stormwater Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R

2 0 A 2 2

3. V	Vha nis 1														e to	a a c	chie	eve	ed	uca	tio	n a	nd	out	trea	ach	go	als	du	rin	g
O Coı	ıstrı	ıcti	on	Site	Op	era	tors	s Tr	ain	ed													7	# Tr	aine	ed					
O Dir	ect	Ma	ilin	gs																			#	Mai	iling	gs					
• Kic	sks	or	Oth	ner I	Disp	olay	'S																#]	Loca	atior	ıs				3	5
• Lis																st			7	5	0										
○ Ma																st															
Nev	Newspaper Ads or Articles # Days Run															ın					1										
• Pul	Wewspaper Ads or Articles # Days Run ublic Events/Presentations # Attendees															es				1	0										
	ool	Pro	ogra	ım																			# 1	Attei	nde	es					
\circ TV	Spo	ot/P	rog	ran	1																		#]	Days	s Ru	ın					
• Pri								200													To	otal	# D:	istri	bute	ed	9	9	9	9	9
	Loca	tion u	s (e n	.g. li	brar C		towi p	n off a	ices	, kio	sks)	f	f	i	С	е	s														
	E	v	e		t		=		0	t	_	s								=											
	С	0	u	$\overline{}$	\dashv	У			W		D		0	f	f	i	С	e	s	\dashv											
	С	N	Y		$\overline{}$		D	В					+		1	\exists		\exists		\dashv											
• Oth		- '			- 1	_																									
	n	е	W	s	р	a	р	е	r		i	n	S	e .	r	t															
• We		age	•		ovid		peci	ific	we	b ac	ldre	esse	S - 1	not	hor	ne p	page	e. (Con	tinu	ie o	n ne	ext j	pag	e if	ado	litio	onal	l sp	ace	is
С		У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	a	t	е	r	/	?	s	t	0	r	m	W	a	t
е	r	-	Р	h	а	s	е	_	I	I	_	0	V	е	r	v	i	е	W	_	8	9									
UR	L																														
W	W	W	<u>.</u>	n	У	s	r	a	•	0	r	g	/	a	r	t	i	С	1	е	s	_	f	r	0	m	_	t	h	е	_
g	h	i		h	t	m	1																								

This report is being submitted for the reporting period ending March 9, 2 0 2 2

Naı	ne c	f M	S4/	Coa	litic	nT	own	of S	ulliv	an/C	NY S	Storn	ıwat	er Co	aliti	on								N	Y	R	2	0				
2	***		D					ъ		1		٠. ~		1	1				. 1	1												
3.	W URL		Pag	ge c	on'	t.:		Pro	OV10	ae s	spec	21110	c w	eb	adc	ires	sses	- n	ot 1	non	ne j	pag	e.									
	h	t	t	р	s	:	/	/	W	W	W	•	С	n	У	r	р	d	b	•	0	r	g	/	s	t	0	r	m	W	a	t
	е	r	/	?	S	t	0	r	m	W	a	t	е	r	_	Р	h	a	s	Ф	-	Ι	Ι	_	0	V	е	r	V	i	е	W
	- 8 9																															
	URL	,						•																								
	h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	а	t
	е	r	/	?	S	t	0	r	m	W	a	t	е	r	-	D	е	s	i	g	n	S	t	а	n	d	а	r	d	s	-	9
	0																															
	URL	,				-	-		-		-	-															-				-	
	h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	а	t
	е	r	/	?	S	У	r	а	С	u	s	е	_	U	r	b	a	n	-	А	r	е	a	_	М	а	р	s	_	7	8	
	URL	,				-	-	-	-	-	-						-							-								
	h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	а	t
	е	r	/	?	S	t	0	r	m	W	а	t	е	r	_	1	i	n	k	s	_	9	7									
	URL	,																														
	h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	а	t
	е	r	/	?	М	S	4	-	А	n	n	u	a	1	_	R	е	р	0	r	t	i	n	g	_	R	е	q	u	i	r	е
	m	е	n	t	s	-	9	2																								
	URL	,																														
	h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	a	t
	е	r	/	?	М	S	4	-	M	0	r	k	s	h	0	р	s	_	a	n	d	_	t	r	a	i	n	i	n	g	s	-
	9	5																														
	URL	,		-	-	-	-	-	-	-	-	-	-		-		-							-			-	-			-	
	h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b	•	0	r	g	/	s	t	0	r	m	W	a	t
	е	r	/	?	S	t	0	r	m	W	а	t	е	r	_	L	a	i	b	r	a	r	У	_	9	6						

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

																				٦.			_		_	_	_	_	_	_	
ame c	of M	[S4/	Coa	litic	n	own	of S	ulliv	an/C	NY S	Storn	ıwat	er Co	alitio	on								N	Y	R	2	0				
11 7	-1-	D.		!	4 .		D	:	1		.:c:		1.	ئىل <i>ى</i> ـ	1			4 1	ا			_									
	Web Page con't.: Provide specific web addresses - no												lot 1	nor	ne j	pag	e.														
С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	a	t	е	r	/	?	s	0	u	r	С	е	s	_
0	f	-	С	0	n	t	a	m	i	n	a	t	i	0	n	-	i	n	-	u	r	b	а	n	-	r	u	n	0	f	f
-	8	0																													
URL	,						l																								
С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	a	t	е	r	/	?	W	0	r	k	i	n	g	_
t	0	g	е	t	h	е	r	-	8	2																					
URL																															
h	t	t	р	s	:	/	/	W	W	W		С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	a	t
е	r	/	?	P	0	1	1	u	t	a	n	t	s	_	0	f	_	С	0	n	С	е	r	n	_	7	9				
URL	,																														
С	n	У	r	р	d	b		0	r	g	/	s	t	0	r	m	W	a	t	е	r	/	?	g	а	r	d	е	n	s	_
a	n	d	_	g	u	t	t	е	r	s	_	n	е	W	s	1	е	t	t	е	r	_	1	0	7						
URL	,																														
С	n	У	r	р	d	b	•	0	r	g	/	s	t	0	r	m	W	a	t	е	r	/	?	С	0	n	s	t	r	u	С
t	i	0	n	_	n	е	W	s	1	е	t	t	е	r	_	1	6	4													
URL	,																														
С	n	У	r	р	d	b	•	0	r	g	/	s	t	0	r	m	W	a	t	е	r	/	?	i	1	1	i	С	i	t	-
d	i	s	С	h	a	r	g	е	_	h	0	t	1	i	n	е	_	8	5												
URL	,																														
h	t	t	р	S	:	/	/	W	W	W	•	С	n	У	r	р	d	b	•	0	r	g	/	s	t	0	r	m	W	a	t
е	r	/	?	W	h	У	_	M	0	r	r	У	_	7	6																

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

If submitting	ig this form as part of a joint report on behalf of a co	
	Town of Sullivan/CNY Stormwater Coalition	SPDES ID N Y R 2 0 A 2 2 1
Name of MS4/Coalition		
. Evaluating Prog	gress Toward Measurable Goals MCM 1	
dentified in your Sto	ort on your progress and project plans toward accommuter Management Program Plan (SWMPP tional pages as needed.	
A. Briefly summar	ize the Measurable Goal identified in the SW	MPP in this reporting period.
_	stormwater website and information library for ral public in the Syracuse Urban Area.	reference and use by regulated
B. Briefly summar Goal.	ize the observations that indicated the overal	l effectiveness of this Measurable
	ed 6,018 views in this reporting period including uggesting that information displayed directly on ed.	
C. How many time	es was this observation measured or evaluated	
D. Has vour MS4 r	made progress toward this Measurable Goal	ex.: samples/participants/e
3 V 2200 J 3 002 1128 1 2	Progress to many time recommendate Source	• Yes O No
E. Is your MS4 on	schedule to meet the deadline set forth in the	SWMPP? • Yes • No
-	rize the stormwater activities planned to meet ng cycle (including an implementation schedu	9
requirements. Non-	e updated and reorganized to reflect new information and materials will be deleted to the general public, municipalities and property of the general public in the	ed. The website will be promoted

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPDES ID
Jame of MS4/Coalition	Town of Sullivan/CNY Stormwater Coalition	N Y R 2 0 A 2 2 1
Ise this page to rep dentified in your S	ogress Toward Measurable Goals MCM 1 port on your progress and project plans toward ach tormwater Management Program Plan (SWMPP), itional pages as needed.	2
A. Briefly summa	rize the Measurable Goal identified in the SWM	MPP in this reporting period.
section of the daily	ndard Stormwater Pullout: Develop a 4-page pullor Syracuse Post Standard newspaper that focuses of concern, primary pollutants of concern, and citizen	on stormwater processes,
B. Briefly summa Goal.	rize the observations that indicated the overall	effectiveness of this Measurable
	ablished in April 22nd of 2021. As reported by the eaders in a 7 county CNY distribution area.	e Post Standard, the insert
,	·	
	es was this observation measured or evaluated	in this reporting period?
	es was this observation measured or evaluated	in this reporting period? (ex.: samples/participants/
C. How many tim	es was this observation measured or evaluated made progress toward this Measurable Goal d	(ex.: samples/participants/uring this reporting period?
C. How many tim D. Has your MS4		(ex.: samples/participants/ uring this reporting period? ● Yes ○ No
C. How many tim D. Has your MS4 E. Is your MS4 or F. Briefly summa	made progress toward this Measurable Goal d	(ex.: samples/participants/ uring this reporting period? ● Yes ○ No SWMPP? • Yes ○ No the goals of this MCM during

This report is being submitted for the reporting period ending March $9, 2 \mid 0 \mid 2 \mid$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		_	SPI	DES	ID						
Name of MS4/Coalition	Town of Sullivan/CNY Stormwater Coalition		N	Y	R	2	0	А	2	2	1

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

A seasonally themed, electronic newsletter will be developed and distributed quarterly to interested individuals. The newsletter will maintain a focus on primary pollutants of concern in the SUA, stormwater processes, and will offer advice on reducing negative water quality impacts through simple actions. The newsletter will encourage participation in locally sponsored events that support stormwater management and protection efforts.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Gardens and Gutters was electronically distributed in 2 times in the reporting period. A distribution averaging 170 individuals is updated to reflect current contacts. The newsletter is promoted at public events, on-line, in other hard copy materials, and through direct promotion with organizations. Feedback indicates that the topics are appropriate for the target audience. Following the release of each edition of new subscriptions requests are received from the general public.

C. How many times was this observation measured or evaluated in this rep	orting period?
	2
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this Measurable Goal during this	reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Quarterly distribution of Gardens and Gutters will continue electronically in 2022. Additional efforts will be made to grow the distribution list. The newsletter will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution. The newsletter will be promoted through social media and directly with complimentary stakeholder groups.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL)ES	Ш						
Name of MS4/Coalition	Town of Sullivan/CNY Stormwater Coalition	N	Y	R	2	0	А	2	2	1

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

CNY RPDB will conduct two training workshops for municipal representatives on topics selected to address current training and informational needs.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Training sessions for 2021-2022 were virtual sessions in response to Covid 19. Five online training sessions were held: Post construction SMPs, Stormwater Filtration & Infiltration Practices, Stormwater Ponds/Wetlands, E&SC Practices, SWPPP Preparation/Review. The CNY RPDB also circulated announcements of training opportunities through the Center for Watershed Protection. The Onondaga SWCD conducted 4 Erosion and Sediment Control Classes reaching 53 students.

C. How many times was this observation measured or evaluated in this reporting period?

				9	
samp	les/	'parı	tici,	pant	:s/events

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ No

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Plans to reschedule an IDDE training are in progress and the 2022 Stormwater Virtual Training series is underway and will continue. CNY Stormwater Coalition members continue to have access to trainings through the Center for Watershed Protection. The Onondaga County Soil and Water Conservation district will continue to offer Erosion and Sediment control courses. Additional training opportunities related to the new general permit for MS4 will be undertaken this year as well.

This report is being submitted for the reporting period ending March 9, |2| 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Sullivan/CNY Stormwater Coalition	1			N	Y	R	2	0	А	2	2	1
Minimum Control Measure 2.	Public Invo	olvei	men	t/P	arı	ticij	pa	tio	n			
The information in this section is being reported (chec												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this in 	report?											
1. What opportunities were provided for publ development, evaluation and improvement (SWMP) Plan during this reporting period:	ic participatio	vater	Mai	nag				ogi	ran	1		
Cleanup Events					# E	vents	s					1
 Comments on SWMP Received 				# C	Comr	nents	s					0
Community Hotlines	Phone #	3 2	L 5)	4	3 !	5	- [3	1	5	7
Phone # () -	Phone # ()				-[
Phone # () -	Phone # ()				_				
Phone # () -	Phone # ()				_				
Phone # ()	Phone # ()				_				
Phone # () -	Phone #)				_				
O Community Meetings	_ `			# .	Atte	ndees	\mathbf{s}					
○ Plantings					S	q. Ft	. [
O Storm Drain Markings					# D	rains	s					
O Stakeholder Meetings				# .	Atte	ndees	s					
O Volunteer Monitoring					# E	vents	s					
Other:												
2. Was public notice of availability of this ann Program (SWMP) Plan provided?	ual report an	d Sto	rmv	vate	er N	I an:	ago		ent Ye		0	No
○ List-Serve					# I1	ı Lis	t					
O Newspaper Advertising				# :	Days	Rur	ı					
○ TV/Radio Notices				# .	Days	s Rur	ı					
● Other: A n n o u n c e m e n t	a t P u	b 1	Li	С		М	9	е	t	i	n	g
O Web Page URL: Enter URL(s) on the following	two pages.											

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2

0 A 2 2 1

eas					eci	ific	ad	dre	ess(es)	wł	ier	e n	otic	e(s) ca	an l	be a	acc	ess	ed	- n	ot h	ıon	ne j	pag	e.			
	+	n	- C		/	/	7.47	7.7	747		+		7.7	n		f	- C	11	1	1	i	7.7	_	n	n	5.7		~		7
				<u> </u>		/																			<u> </u>		•			+
						_		_																			/			ŀ
S	t	0	r	m	W	a	t	е	r	_	m	a	n	a	g	е	m	е	n	t	_	р	r	0	g	r	a	m	_	
	_	n	1	a	n																									Τ
L C		P	_	a 	11																									<u>L</u>
																														<u> </u>
,																														Τ
																														H
																														Ŧ
																														L
																														Τ
																														İ
																														Ŧ
																														_
																														Τ
																														Ŧ
																														Ŧ
																														L
																														Τ
																														t
																														İ
																														L
																														Τ
																														t
																														H
		t t s	t t p s t o s t o	ease provide t t p s s t o r s t o r d - p 1	t t p s : s t o r m s t o r m d - p 1 a - r - p 1 a - r - p 1 a - r - p 1 a - r - p 1 a - r - p 1 a - r - p 1 a - r - p 1 a - r - p 1 a	ease provide special to to provide special to provide special to to provide special to to provide special to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to to provide special to to provide special to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to to provide special to to provide special to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to to provide special to to provide special to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to to provide special to to provide special to provide special to to provide special to to provide special to provide special to to provide special to to provide special to to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide special to provide	t t p s : / / s t o r m w a s t o r m w a d - p 1 a n	ease provide specific ad t t p s : / / w s t o r m w a t d - p l a n d - p l a	t t p s : / / w w s t o r m w a t e s t o r m w a t e d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n d - p 1 a n	ease provide specific address() t t p s :	ease provide specific address(es) t t p s : / / w w w . s t o r m w a t e r - s t o r m w a t e r - d - p l a n	ease provide specific address(es) when the state of the s	ease provide specific address(es) where t t p s : / / w w w . t o s t o r m w a t e r - m a s t o r m w a t e r - m a d - p 1 a n	ease provide specific address(es) where not be a considerable of the position	ease provide specific address(es) where notices to be a specific address (es) where notices (es)	ease provide specific address(es) where notice(s	ease provide specific address(es) where notice(s) carefully a series of the series of	ease provide specific address(es) where notice(s) can be a considerable of the constant of the	ease provide specific address(es) where notice(s) can be a control of the control	ease provide specific address(es) where notice(s) can be accepted to the position of the posit	ease provide specific address(es) where notice(s) can be access to to p s : / / w w w v . t o w n o f s u 1 1 1 s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t s t o r m w a t e r - m a n a g e m e n t o r m w a r a g e m e n t o r m w a r a g e m e n t o r a g e m e n	ease provide specific address(es) where notice(s) can be accessed t	ease provide specific address(es) where notice(s) can be accessed - notice (s) can be accessed - notice	ease provide specific address(es) where notice(s) can be accessed - not P. t t p s : / / w w w . t o w n o f s u 1 1 i v a s t o r m w a t e r - m a n a g e m e n t / p a s t o r m w a t e r - m a n a g e m e n t / p a s t o r m w a t e r - m a n a g e m e n t / p a s t o r m w a t e r - m a n a g e m e n t - p r d - p 1 a n	ease provide specific address(es) where notice(s) can be accessed - not hon. t t p s :	ease provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide and a large provide specific address(es) where notice(s) can be accessed - not home provide specific address(es) where notice(s) can be accessed - not home provide and notice(s) a	ease provide specific address(es) where notice(s) can be accessed - not home page. t t p s : / / w w w . t o w n o f s u 1 1 i v a n n y s t o r m w a t e r - m a n a g e m e n t / p a g e s s t o r m w a t e r - m a n a g e m e n t - p r o g r d - p 1 a n	ease provide specific address(es) where notice(s) can be accessed - not home page. t t p s : / w w w . t o w n o f s u 1 1 i v a n n y . s t o r m w a t e r - m a n a g e m e n t - p r o g r a s t o r m w a t e r - m a n a g e m e n t - p r o g r a d - p 1 a n	ease provide specific address(es) where notice(s) can be accessed - not home page. t	ease provide specific address(es) where notice(s) can be accessed - not home page. t

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 2$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Y R 2

ame	of M	1S4/0	Coal	litio	n T	own	of S	ulliva	an														N	Y	R	2	0	А	2	2	1
. U	JRL Pleas	(s) (con	't.:						ess(es)	wh	ere	e no	otic	es	can	be	ac	ces	ssed	l – 1	not	ho	me	pa	ıge.				
ľ																															
∟ Ul	RL																														
U	RL							-		-				l																	
Ī																															
Γ																															
UI	RL																														
UI	RL																														-
UI	RL																														
UI	RL																														

Name of MS4/Coalition Town of Sullivan/CNY Stormwater Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Y R 2

0 A 2 2

3. W					_						-							-	-	Sto cun				M	ana	age	me	nt			
																				whi										d	
• MS	4/C	oal	itioı	n C																Rep			S	_						nmei	nts
	Dep T	oarti	men W	n n		0	f		S	u	1	1	i	V	а	n															
	Ado	lres	S																												_
	7	5	0	7		L	a	k	е	р	0	r	t		R	0	a	d													
	City	7				_					_						1					Zip									_
	С	h	i	t	t	е	n	a	n	g	0								N .	Y		1	3	0	3	7	-				
	Pho	ne							1					1			,	_													_
	(3	1	5)	6	3	7	_	7	2	2	1																		
O Libi	rary Ado	, Ires	S) A	nnu	al l	Rep	ort) S	WN	1P]	Plar	1	0	Con	nmei	ats
	City	/ /							-		l		-		-							Zip									
																						•					-				
	Pho	ne			1.	_			1					1																	
	()				_																						
• Oth																	A	nnu	al l	Rep	ort		S	WN	1P]	Plar	ı	0	Con	nmei	nts
	Ado 4	ires 4	s 3		E	1	е	С	t	r	0	n	i	С	s		Р	а	r	k	W	a	У								
	City																					 Zip							<u> </u>		
	L	i	v	е	r	р	0	0	1									[N	Y		1	3	0	8	8	_				
	Pho	ne															J	_													
	(3	1	5)	4	5	7	_	5	2	0	0																		
• Wel	o Pa	age	UR	L:													A	nnu	al]	Rep	ort		S	WN	1P]	Plar	1	0	Con	nmei	nts
	h	t	t	р	s	:	/	/	W	W	W		t	0	W	n	0	f	s	u	1	1	i	V	a	n	n	У	•	g	0
	V	/	s	t	0	r	m	W	a	t	е	r	-	m	a	n	a	g	е	m	е	n	t	/	р	a	g	е	s	/	m
	S	4	-	s	t	0	r	m	W	a	t	е	r	-	m	a	n	а	g	е	m	е	n	t	-	р	r	0	g	r	a
	Ple	ease	pr	ovi	de	spe	cif	ic a	ıddı	ess	of	pa	ge '	who	ere	rep	ort	car	ı be	e ac	ces	sec	l - n	ot	hor	ne	pag	e.			
○ eMa	ail																											0	Con	nmei	nts
	m	_	a	n	d	-	р	1	a	n																					

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPD	ES ID)					
Name of MS4/Coalition Town of Sullivan		N	YR	2	0	А	2	2	1
4.a. If this report was made available on the internet, what da	nte was it	t po	sted?	•					
Leave blank if this report was not posted on the internet.	0	6	/ 0	1]/[2	0 2	2	2
4.b. For how many days was/will this report be posted?							3	6	5
If submitting a report for single MS4, answer 5.a If submitt	ing a joir	nt re	port,	ans	swei	: 5.ł	o		
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ing perio	od?	/)]/[Yes	S	• N	10
If No, is one planned?					0	Yes	s	• N	lо
5.b. Was an Annual Report public meeting held for all MS4s	contribu	ıting	g to t	his	rep	ort	du	ring	g
this reporting period?					0	Yes	S	• 1	lо
If No, is one planned for each?					0	Ye	S	• 1	Лo
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					0	Yes	S	• 1	lо

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

	Town of Sullivan/CNY Stormwater Coalition	SPDES ID N Y R 2 0 A 2 2	2 1
Name of MS4/Coalition	Town of Sumvair CN1 Stoffwater Coantion		- -
7. Evaluating Pro	gress Toward Measurable Goals MCM 2	2	
identified in your St	port on your progress and project plans towatormwater Management Program Plan (SW itional pages as needed.		art
A. Briefly summar	rize the Measurable Goal identified in th	e SWMPP in this reporting perio	d.
Number of commen	nts to the annual report.		
B. Briefly summar Goal.	rize the observations that indicated the o	verall effectiveness of this Measur	rable
No comments were	received.		
C How many time	es was this observation measured or eval	lusted in this reporting period?	
C. How many time	es was this observation measured of eval	duated in this reporting period:	1
		(ex.: samples/parti	 cipants/events)
D. Has your MS4	made progress toward this measurable g	, ,	○ No
E. Is your MS4 on	schedule to meet the deadline set forth i		O 110
2. 15 your 1/15 1 on	sometime to meet the deduction between		⊃ No
•	rize the stormwater activities planned to ing cycle (including an implementation s	9	ıg
The Town will con received.	tinue to post the annual report to their web	page and address comments as	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

_			SPDES ID	
Name of MS4/Coalition	Town of Sullivan		N Y R 2 0 A 2	2 2 1
7. Evaluating Prog	ress Toward Measurable Go	oals MCM 2		
identified in your Sto	ort on your progress and project ormwater Management Progrational pages as needed.	-		ı Part
A. Briefly summari	ize the Measurable Goal ide	ntified in the SWMP	P in this reporting pe	riod.
Updates to the Town	n's website, including Public I	nvolvement Activities	 S.	
B. Briefly summari Goal.	ize the observations that ind	icated the overall eff	ectiveness of this Mea	surable
	was updated and as part the T	own's information per	rtaining to stormwater	
management was up	dated on their website.			
C How many times	s was this observation measu	urad ar avaluated in :	this reporting periods)
C. How many times	s was this observation meast	ired or evaluated in	this reporting period:	1
			(ex.: samples/pa	articipants/events
D. Has your MS4 m	nade progress toward this m	easurable goal durin	ng this reporting perio	
			● Yes	○ No
E. Is your MS4 on s	schedule to meet the deadlin	e set forth in the SW	/MPP? ● Yes	○ No
F. Briefly summari	ize the stormwater activities	nlanned to meet the		
-	ng cycle (including an implem	=	_	g
Continue to evaluate the Town's website.	e public involvement opportun	ities including update	ed stormwater informat	ion on

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

Name of MS4/Coalition Town of Sullivan	N Y R 2 0 A 2 2 1									
Minimum Control Measure 3. 1	Ilicit Discharge Detection and Elimination									
The information in this section is being reported (On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the	check one):									
1. Enter the number and approx. percent of	of outfalls mapped: 3 1 # 1 0 0 %									
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?									
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this									
O Auto Recyclers	O Landscaping (Irrigation)									
O Building Maintenance	O Marinas									
○ Churches	O Metal Plateing Operations									
O Commercial Carwashes	Outdoor Fluid Storage									
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance									
O Construction Vehicle Washouts	O Printing									
○ Cross-Connections	O Residential Carwashing									
O Distribution Centers	○ Restaurants									
O Food Processing Facilities	O Schools and Universities									
O Garbage Truck Washouts	O Septic Maintenance									
○ Hospitals	○ Swimming Pools									
O Improper RV Waste Disposal	○ Vehicle Fueling									
O Industrial Process Water	O Vehicle Maint./Repair Shops									
• Other:	None									
A 1 1 o u t f a 1 1 s	i n s p e c t e d M a y 2 0 1 9									
O Sewersheds:										

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 2$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition Town of Sullivan			N Y	R	2	0 2	A 2	2	1
3.b. What types of illicit discharges hav	e been found during t	this repor	ting p	eri	od?)			
O Broken Lines From Sanitary Sewer	O Industrial Connection	ons							
O Cross Connections	O Inflow/Infiltration								
O Failing Septic Systems	O Pump Station Failu	re							
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Ove	erflows							
O Illegal Dumping	O Straight Pipe Sewer	r Discharge	es						
Other: 4. How many illicit discharges/potenti	● None	have been	dete	cted	l dı	urin	g thi	is	
reporting period?	9					•			0
# TT	e 11 ·	41.	,.			0		_	0
5. How many illicit discharges have be	een commined during	tilis repo	ung	per	luu	•			
6. How many illicit discharges/illegal period?7. Has the storm sewershed mapping	been completed in this	s reportin	g per				epor Yes		No
If No, approximately what percent wa	is completed in this rep	orting per	ioa?						용
8. Is the above information available in							Yes		No
Is this information available on the If Yes, provide URL(s):	web?					0,	Yes	•	No
Please provide specific address of pagurant	e where map(s) can be	accessed -	not h	ome	e pa	ıge.			
URL									
				\perp	<u> </u>	\coprod	$\frac{\perp}{}$	 	
				<u> </u>			<u> </u>	<u> </u>	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

																		1				DES			_			
ne of M	S4/Co	alitio	on T	own	of Su	ılliva	an														N	Y	R	2	0	А		2
URL Pleas				peci	ific	ad	ldre	ess	of	pag	ge v	vhe	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ge	
URL			1									I		1				1									I	
URL			Т																									
		+	<u> </u>																									
URL																												
URL																												
			<u> </u>																									
URL						l					-		-	-			-	-					I	-				
Has a							_															ID	DI	E p i	roc	edı	ıre	s b
appr	oved	for	all	noi	n-tı	rad	litio	na	l N	1S 4	ls c	ont	rib	uti	ng	to	thi	s re	po	rt?						Ye	es	C
. If Ye equiv													ing	g to	thi	is r	ерс	ort	cer	tifi	ed			his Zes		v is		0
. Wha	t per	cen	t of	sta	ff i	n r	ele	vai	ıt p	osi	itio	ns	ano	d de	epa	rtr	nen	its]	has	re	cei	ved	II	DDI	E tr	air	in	<u>g?</u>

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

	SPDES ID N Y R 2 0 A 2 2 1
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), includ III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period.
Number of outfalls inspected and dry weather flows identified.	
B. Briefly summarize the observations that indicated the overall effecti Goal.	iveness of this Measurable
The Town ensures that 100% of their outfalls are inspected at least once evwere inspected in May 2019. No illicit discharges were identified. Town s Highway) also conduct informal inspections as part of routine operations.	
C. How many times was this observation measured or evaluated in this	
	(ex.: samples/participants/events,
D. Has your MS4 made progress toward this measurable goal during t	his reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	Yes ○ NoPP?Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	
Outfalls will be inspected at least once every 5 years (formal inspections). inspections will be conducted by Town staff that have been trained in IDDI	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Town of Sullivan	N Y R 2 0 A 2 2 1
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Utilize training opportunities for MS4 program administrators an	d/or other relevant staff.
B. Briefly summarize the observations that indicated the over Goal.	call effectiveness of this Measurable
Stormwater Management Program Coordinator Larry Ball attend Compliance and Regulations provided by Barton & Loguidice, D included educational information on Illicit Discharge Detection &	PC on May 27, 2021, which
C. How many times was this observation measured or evaluate	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	-
Relevant MS4 program staff will continue to attend training opportunity Detection & Elimination.	ortunities related to Illicit Discharge

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition To	own of Sullivan	N	Y	R	2	0	А	2	2	1

Minimum Control Massuras 1 and 5

	Construction Site and Post-Construction Control		
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a.	. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Pe Stormwater Discharges from Construction Activities?		, ○ No
1b	.Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSDE	l Erosion EC Gap	and
	Analysis Workbook? • Yes	○ No	O NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local L 09/2004	aw. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	ive been	
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of p comments related to construction SWPPPs? • Yes	oublic ○ No	O NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors abou SWPPP process?	t the loca • Yes	al O No

6.	Identify which of the following types of enforcement actions you used during the reporting
	period for construction activities, indicate the number of actions, or note those for which you
	do not have authority:

Notices of Violation	#			2	O No Authority
• Stop Work Orders	#			0	O No Authority
• Criminal Actions	#			0	O No Authority
Termination of Contracts	#			0	O No Authority
Administrative Fines	#			0	O No Authority
• Civil Penalties	#			0	O No Authority
• Administrative Orders	#			0	O No Authority
• Enforcement Actions or Sanctions	#			0	
Other	#				O No Authority

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Nar	me of MS4/Coalition Town of Sullivan N Y R 2	0 A	2 2 1
	Minimum Control Measure 4. Construction Site Stormwater Runo	off Co	<u>ontrol</u>
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one during this reporting period?	acre o	r more
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ı r juri ; [sdiction 5
3.	What percent of active construction sites were inspected during this reporting	•	1? ONT
4.	What percent of active construction sites were inspected more than once?	1	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the N	YS
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approva		
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?		e for
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition $\Big|$ Town of Sullivan N Y R 2 0 A 2 2 1 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department f OW n S u 1 i V а n Address 5 0 L а k е р 0 r t R 0 а d City Zip Ch 3 0 i t t е n а g 0 Ν Υ 1 n Phone 3 5 6 8 2 1 O Library Address City Zip Phone Other Address City Zip Phone O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

		SPDES ID
Name of MS4/Coalition	Town of Sullivan	N Y R 2 0 A 2 2 1
7. Evaluating Pro	ogress Toward Measurable Goals MCM	Л 4
identified in your S	port on your progress and project plans to tormwater Management Program Plan (S' litional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in t	the SWMPP in this reporting period.
Number of constru	action sites inspected.	
B. Briefly summa Goal.	rize the observations that indicated the	e overall effectiveness of this Measurable
	nction sites were inspected on multiple occ Cove, Harbor Town and North Ridge.	casions including Poolesbrooke, Harbor
C. How many tim	es was this observation measured or ev	valuated in this reporting period?
		(ex.: samples/participants/ev
D. Has your MS4	made progress toward this measurable	• • • • • • • • • • • • • • • • • • • •
E. Is your MS4 or	n schedule to meet the deadline set forth	
•		● Yes ○ No
•	rize the stormwater activities planned t ting cycle (including an implementation	e
Active construction	n sites will continue to be inspected during	ng the next reporting year.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2$

						\neg	SPD	ES ID					
Name of MS4/Coalition	Town of Sullivan						N	YR	2	0 A	2	2	1
Minimum	Control Meas	sure 5	<u>. Post</u>	-Cons	tructio	on Stori	<u>nwa</u>	ter N	<u>Ma</u>	nage	<u>me</u>	<u>nt</u>	
The information in the	nis section is being	g reporte	ed (che	ck one):									
On behalf of an incOn behalf of a coaHow m		ibuted 1	to this	report?									
1. How many and MS4/Coalition i	what type of post nventoried, inspe					_	-		has	s your	,		
		# Invento	ried		# ctions	# Tin Mainta							
O Alternative Practic	ees												
• Filter Systems			1		1		0						
• Infiltration Basins			1		1		0						
Open Channels													
Ponds			6		6		0						
O Wetlands													
Other													
2. Do you use an BMPs, inspecti3. What types of	ions and mainta	nance'	?		_	•		-		• Y		n	No
• •	Better Site Desig					-	iii L	OW II	пþа	acı			
Building Codes	O Municipal Co	mprehe	nsive F	Plans									
Overlay Districts	Open Space P	reserva	tion Pr	ogram									
Zoning	O Local Law or	Ordina	nce										
○ None	O Land Use Re	gulation	/Zoning	g									
O Watershed Plans	Other Compre	ehensive	e Plan										
Other:													

This report is being submitted for the reporting period ending March 9, 2 0 2

Name of MS4/Coalition Town of Sullivan	SPDES ID N Y R 2 0 A 2 2 1
4a. Are the MS4s contributing to this report involved in a regional/water	rshed wide planning effort? ○ Yes ● No
4b. Does the MS4 have a banking and credit system for stormwater man	agement practices?
4c. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwa	•
4d. How many stormwater management practices have been implemente reporting period?	1 4 641 4 4 41 4
reporting period:	ed as part of this system in this

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	Town of Sullivan	N Y R 2 0 A 2 2 1
6. Evaluating Prop	gress Toward Measurable Goals MCM 5	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWM tional pages as needed.	
A. Briefly summar	ize the Measurable Goal identified in the S	SWMPP in this reporting period.
Number of permane	ent stormwater management practices inspect	ed.
B. Briefly summar Goal.	rize the observations that indicated the ove	rall effectiveness of this Measurable
	nent stormwater management practices were am Plan was also updated during the reportinus.	
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		8
D. Has warm MC4	and a magazines forward this magazines has a	(ex.: samples/participants/ever
D. Has your MS4 I	made progress toward this measurable goa	• Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in	the SWMPP?
		• Yes O No
•	rize the stormwater activities planned to mo ng cycle (including an implementation sch	8
Inspections and nee	eded maintenance activities will continue in the	ne next reporting year.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid$

Town of Collins	ES ID Y R 2 0 A 2 2 1
Name of MS4/Coalition 10wn of Sullivan 1N 1	
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achieving mea identified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	is reporting period.
Municipal Staff Training.	
B. Briefly summarize the observations that indicated the overall effectiven Goal.	ness of this Measurable
Code Enforcement staff attended four CNY Stormwater Coalition meetings dur	ring the reporting
period.	
C. How many times was this observation measured or evaluated in this rep	
D. Has your MS4 made progress toward this measurable goal during this i	(ex.: samples/participants/event reporting period?
D. Has your MS4 made progress toward this measurable goal during this is	
D. Has your MS4 made progress toward this measurable goal during this inE. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	reporting period? ● Yes ○ No • Yes ○ No
	reporting period? ● Yes ○ No • Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?F. Briefly summarize the stormwater activities planned to meet the goals of the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities planned to meet the stormwater activities	reporting period? ● Yes ○ No ● Yes ○ No of this MCM during
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	reporting period? ● Yes ○ No ● Yes ○ No of this MCM during
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	reporting period? ● Yes ○ No ● Yes ○ No of this MCM during

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL	DES	ID						
Name of MS4/Coalition To	Town of Sullivan	N	Y	R	2	0	А	2	2	1

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
● On behalf of an individual MS4 ○ On behalf of a coalition		
How many MS4s contributed to this report?		

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... • Yes ○ No • Yes \bigcirc No Bridge Maintenance.... • Yes ○ No • Yes \bigcirc No Winter Road Maintenance.... • Yes ○ No • Yes \bigcirc No Salt Storage..... 9 Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No • Yes \bigcirc No Right of Way Maintenance..... • Yes \bigcirc No ● No ○ Yes No Marine Operations.... O Yes Hydrologic Habitat Modification.....

■ Yes ○ No • Yes \bigcirc No Parks and Open Space.....

Yes ○ No Yes \bigcirc No ○ No • Yes Municipal Building..... • Yes \bigcirc No ○ No • Yes \bigcirc No Stormwater System Maintenance..... • Yes ○ No Yes \bigcirc No Vehicle and Fleet Maintenance....

Yes \bigcirc No Other...... • Yes

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid$

	S	PDES ID				
Name of MS4/Coalition Town of Sullivan		N Y R	2 0	A 2	2	1
2. Provide the following information about municipal operat	ions good	houseke	eping	prog	ran	18:
• Parking Lots Swept (Number of acres X Number of times swep	ot)	# Acre	es 📗			0
• Streets Swept (Number of miles X Number of times swept)		# Mile	es 🗌		7	5
• Catch Basins Inspected and Cleaned Where Necessary			#	1	5	6
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 			#			8
Phosphorus Applied In Chemical Fertilizer		# Lb	s.			0
Nitrogen Applied In Chemical Fertilizer		# Lb	s			0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) 	Jumber of	# Acres			0 .	0
3. How many stormwater management trainings have been p during this reporting period?	provided t	o munici	ipal er	nploy	vees	0
4. What was the date of the last training?	1	1 / [1	2 /	2 0	2	0
5. How many municipal employees have been trained in this	reporting	period?				0
6. What percent of municipal employees in relevant positions stormwater management training?	s and depa	artments	recei	ve 1 0	0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

			SPDES ID	
Name of MS4/Coalition Town	of Sullivan		N Y R 2 0 A 2	2 1
7. Evaluating Progress	s Toward Measurable Goals	MCM 6		
	n your progress and project pl water Management Program P al pages as needed.	· · · · · · · · · · · · · · · · · · ·		Part
A. Briefly summarize t	he Measurable Goal identifi	ed in the SWMPP i	in this reporting per	iod.
Miles of road swept.				
B. Briefly summarize t	the observations that indicat	ed the overall effect	tiveness of this Meas	surable
	orts to reduce sanding which les during the reporting period		eping frequency. The	
C. How many times wa	as this observation measured	or evaluated in thi	is reporting period?	
				1
D. Has your MS4 mad	e progress toward this meas	urable goal during		rticipants/events, 1?
Di IIII jour 1/18 i muu	progress toward this meas	arabie goar aaring		○ No
E. Is your MS4 on scho	edule to meet the deadline se	t forth in the SWM		0.34
F Rriefly summarize t	he stormwater activities pla	nned to meet the go	● Yes oals of this MCM du	○ No ring
•	ycle (including an implemen	0		i iiig
Continued tracking of retracking system.	oad sweeping and Highway D	epartment maintenar	nce activities through	a GIS

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

		SPDES ID	
Name of MS4/Coalition	Town of Sullivan	N Y R 2 0 A 2	2 2 1
7. Evaluating Pro	ogress Toward Measurable Goals MCM 6		
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWN itional pages as needed.		n Part
A. Briefly summa	rize the Measurable Goal identified in the	e SWMPP in this reporting pe	riod.
Catch basin cleaning	ng.		
B. Briefly summa Goal.	rize the observations that indicated the ov	verall effectiveness of this Mea	surable
_	ed and cleaned approximately 156 catch basin	ns. The Town also inventoried t	hese
maintenance activi	ties in a GIS-based tracking tool.		
C. How many time	es was this observation measured or evalu	nated in this reporting period?	•
C. 110W many time	es was this observation measured or evalu	156	
			articipants/events
D. Has your MS4	made progress toward this measurable go	oal during this reporting perio Yes •	0.37
E. Is your MS4 on	schedule to meet the deadline set forth in		
		• Yes	○ No
·	rize the stormwater activities planned to 1 ing cycle (including an implementation sc	S	ıring
Continue inspection	n and maintenance of Town infrastructure u	tilizing GIS-based tracking.	
		5	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

					SPDES	ID				
Name of MS4/Coalition	Town of Sullivan				NY	R	2 0	А	2 2	1
7. Evaluating Pro	gress Toward M	leasurable G	oals MCM	6						
Use this page to repidentified in your St III.C.1. Submit addi	tormwater Manag	gement Progra	-		_		_			rt
A. Briefly summa	rize the Measura	ıble Goal ide	entified in tl	ne SWMPI	P in this	rep	ortin	g p	eriod	l .
Utilize training opp	ortunities for MS	54 program a	dministrator	s and/or oth	ner relev	ant	staff.			
D D.: G		••••••••••••••••••••••••••••••••••••••	1: - 4 - 3 41		-4.		P 41. !	N/I-		-1-1-
B. Briefly summan Goal.	nze tne observat	ions that inc	ncated the (overan ene	ecuvenes	SS 01	tnis	MIC	asura	abie
Stormwater Manag Compliance and Re included educations Program Plan.	egulations provide	ed by Barton	& Loguidic	e, DPC on	May 27,	202	21, w	hich	1	
C. How many time	es was this obser	vation meas	ured or eva	luated in t	his repo	rtin	ng ne	riod	1?	
ev 1201/ manij uma	y was viiis obser	, 44 1011 11104			ins repo		-8 P			1
D. Has your MS4	mada nrograss ti	oward this n	ngasurahla (roal during	n this ro					ipants/e
D. Has your 19194	made progress to	oward tills li	ileasur abie	goar during	gumsic	por	· ·	-	es C	No
E. Is your MS4 on	schedule to mee	et the deadli	ne set forth	in the SW	MPP?			Ye	·c (No
F. Briefly summan	rize the stormwa		_		goals of	this				
Relevant MS4 prog management, the M	•		_							

This report is being submitted for the reporting period ending March 9, 2 0 2 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Town of Sullivan	N	Y	R	2	0	Ā	2	2	1

	Answer	Check NA	(POC)
MS4 Description NYC EOH Watershed	-	-	-
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Γraditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Γraditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	- 1.467, 10.0	- 22501 1011 12	- DI 1
Fraditional Land Use Fraditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
Oyster Bay	1,4,0,7a-0,8a,9	2,3,3,80,10,11,12	Filospilorus
Fraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Γraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Γraditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments Fraditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b,10,11,12	Pathogens

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPDES ID		
Na	me of MS4/Coalition Town of Sullivan	N Y R 2	0 A 2	2 2 1
3.	Does your MS4/Coalition have a Stormwater Conveyance System and Maintenance Plan Program?	(infrastructu ○ Yes	ıre) Insp ○ No	ection N/A
4.	Estimate the percentage of on-site wastewater treatment systems and maintained or rehabilitated as necessary in this reporting per		n inspec	eted %
5.	Has your MS4/Coalition developed a program that provides protein NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from condisturb five thousand square feet or more?	m Constructi	on Activ	ities
6.	Has your MS4/Coalition developed a program to address post-corrunoff from new development and redevelopment projects that diequal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities (the New York State Stormwater Design Manual Enhanced Phosp Standards?	isturb greater DEC SPDES GP-0-08-001)	than or General , includi	•
7a	. Does your MS4/Coalition have a retrofitting program to reduce e phosphorus/nitrogen/pathogen loading?	rosion or ○ Yes	○ No	• N/A
7b	.How many projects have been sited in this reporting period?			0
7c	. What percent of the projects included in 7b have been completed	in this report	ing peri	od?
7d	.What percent of projects planned in previous years have been con	mpleted?	1 0	0 %
		○ No	Projects	Planned
8a	.Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper fertilizer application on lands?	_	wned	• N/A
8b	.Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper disposal of grass clipping	_		l
	municipally owned lands?	○ Yes	\bigcirc No	N/A

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition Town of Sullivan	N Y R 2	0 A 2	2 2 1
9. Has your MS4/Coalition developed and implemented a program	-	_	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet was prohibiting goose feeding?	-		rties and • N/A
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	• N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	O No	• N/A